

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME Eastpointe	b. Date Submitted 06/10/09	
c. Name of Proposed LME Alternative Service Assertive Engagement – YA365		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-09 to 6-30-10 </div>		
e. Submitted by LME Staff (Name & Title) Terry Boyette, Reimbursement Officer	f. E-Mail tboyette@eastpointe.net	g. Phone No. 919-587-0324

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

Requirements for Proposed LME Alternative Service <i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i>	
Complete items 1 through 28, as appropriate, for all requests.	
1	<p>Alternative Service Name, Service Definition and Required Components</p> <p>Assertive Engagement</p> <p>Assertive Engagement is a way of working with children who have a mental illness or substance abuse diagnosis and who do not possess the ability to effectively engage with treatment services. Assertive engagement is a critical element of the rehabilitation and recovery model as it allows flexibility to meet the consumers' particular needs in their own environment or current location (i.e. hospital, jail, youth development centers, streets, etc.). It is designed as a short-term engagement service targeted to populations or specific consumer circumstances that prevent the individual from fully participating in needed care for an MH/SAS problem.</p> <p>This service definition will be authorized exclusively for children involved in the Juvenile Justice System via the Juvenile Justice Substance Abuse Mental Health Initiative (JJSAMHP), for services that are not Medicaid billable. The JJSAMHP is a collaborative effort between the Division of MHDDSAS, Department of Juvenile Justice and Delinquency Prevention (DJJDP) and the local LME's to ensure that all juveniles involved in the juvenile justice system receive appropriate screening, assessment and indicated mental health and/or substance abuse treatment.</p> <p>Currently, DJJDP does not have the necessary services and/or expertise to effectively engage juveniles in mental health/substance abuse services. DJJDP recognizes the benefit of juvenile involvement in treatment services and the potential to reduce recidivism by addressing the juveniles mental health /substance abuse issues. However, they also readily acknowledge that their current job functions prohibit them from providing motivation to participate outside of their court appointed duties. Thus the treatment provider must provide this encouragement and needed orientation to the treatment process.</p> <p>This service will be used as a pre-service to provide the linkage for juvenile's referred from the Juvenile Justice System to pre-selected providers of appropriate services. This service will also enhance the juveniles' likelihood of engagement and retention in appropriate services. This will be accomplished through the use of Motivational Interviewing techniques provided by mental health/substance abuse professionals. These types of services currently in the mental health and substance abuse arena are not currently reimbursable via Medicaid or IPRS.</p>
2	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <p>Providers in the Eastpointe catchment area are reporting a high volume of clients who are willing to engage in services but have no ability to sustain attendance and engagement without outside support. This service definition will help promote treatment engagement and retention as a way of reducing the likelihood of repeat offending, reducing the need for crisis services, and stopping the cycle of readmission to higher levels of care.</p> <p>the JJSAMHP began as an initiative called 180 last fiscal year. From this initiative, lessons learned included the fact that families had a hard time understanding the relationship between DJJDP and the service providers. DJJDP staff made every attempt to ensure families were oriented to the</p>

	<p>concepts of the initiative and the need for referral to screening, assessment and treatment. However, families still were unable to make the connection of why their child needed further services. Mental Health and Substance Abuse professional are trained in engaging consumers in the treatment process. With the addition of Motivational Interviewing techniques, these staff can bridge the gap in understanding for the families and consumers.</p>
3	<p>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</p> <p>Assertive Engagement is a method of working with new children who have a mental illness and/or substance abuse disorder and have difficulty engaging in the current billable services. Assertive Engagement is targeted towards those children with a mental illness or substance abuse disorder with impaired functioning who are more likely to exhibit erratic or non-engagement behaviors in treatment due to their illness or life circumstances.</p> <p>Currently, Medicaid does not allow billable services to engage consumers and increase their level of participation in needed services. Thus, it is important for providers to have a service to bill that will engage consumer into services and increase their likelihood for success and treatment. This pre-service to treatment will be accomplished through the use of trained professionals utilizing Motivational Enhancement techniques beginning immediately upon referral of the juvenile by DJJDP staff to pre-selected providers.</p> <p>Specific to the JJSAMHP Initiative the following services are needed and are non-billable that surround engaging a consumer and family in services, such as: scheduling appointments, educating consumers and families about the need for services, coordinating services in conjunction with DJJDP staff, as well as, arranging, linking and coordinating required child and family team meetings and any follow-up to ensure that appointments are kept and/or rescheduled as needed. The current evidenced based assessment tool adopted by this initiative requires the use of the GAIN I (Global Assessment of Individual Needs I). This tool averages up to 2 hours or more to complete by trained clinicians. Current assessment rates do not allow for the billing of time over this amount and does not incorporate the time needed to process the assessment with the consumer and family, make preliminary treatment recommendations and provide orientation to the treatment process.</p> <p>•</p>
4	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</p> <p><input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)</p>
5	<p>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</p> <p>100</p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</p> <p>\$70,000</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</p> <p><u>Assessment Only:</u> <input type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO</p> <p><u>Crisis Services:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS</p> <p><u>Child MH:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD</p> <p><u>Adult MH:</u> <input type="checkbox"/> All <input type="checkbox"/> AMSPM <input type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE</p> <p><u>Child DD:</u> <input type="checkbox"/> CDSN</p>

	<p><u>Adult DD:</u> <input type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p><u>Child SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP</p> <p><u>Adult SA:</u> <input type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER</p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP</p> <p><u>Non-Client:</u> <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</p> <p><i>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</i></p> <p style="text-align: center;">\$ <input type="text"/> <input type="text"/> 15.00</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service (Provide attachment as necessary)</p> <p>To determine the rate for this service, we took the average per unit cost of community support and assertive outreach and decreased it by 15%. We feel that this new service encompasses components of both CSS and AO. The average rate is applicable to meet this need.</p>
11	<p>Provider Organization Requirements</p> <p>Assertive Engagement services must be delivered by practitioners that were selected by Eastpointe to implement services for the JJMHSA Partnership. These providers include PORT Human Services, Waynesboro Family Clinic, and Precision Health Care Services, Inc.</p>
12	<p>Staffing Requirements by Age/Disability</p> <p>This service will be provided by Qualified Professionals, Associate Professionals or Licensed clinicians with the knowledge, skills and abilities required by the population and age being served. Also may includes provisionally licensed or board eligible professionals actively seeking licensure.</p>
13	<p>Program and Staff Supervision Requirements</p> <p>Licensed professionals providing this service do not require supervision. QP's, AP's and provisionally licensed professionals require supervision and will be provided as specified in NCAC 27 G .0104 and according to licensure and certification requirements of the appropriate discipline.</p>
14	<p>Requisite Staff Training</p> <p>Motivational Interviewing Part 1 must be completed within the first 90 days of employment. Completion of Part 2 must follow as soon as possible.</p>
15	<p>Service Type/Setting</p> <p>Assertive Engagement is intended to be flexible in its approach to meet the needs of juveniles in their own setting or current location. This service can be delivered as part of the discharge planning process from state operated facilities and correctional facilities as well as in association with specific</p>

	<p>best and evidence based practices identified by the LME. Services will be used to engage juveniles and their families into treatment.</p> <ul style="list-style-type: none"> • <i>Excluded service location(s): none</i>
16	<p>Program Requirements</p> <p>Assertive Engagement is designed to be an individual service requiring contact to build/re-establish a trusting, meaningful relationship to engage or reengage the individual into services and/or assess for needs. The service is designed to:</p> <ul style="list-style-type: none"> • Develop and maintain meaningful engagement in services • Prevent hospitalization and out of home placement for those juveniles who are at high risk • Provide continuity of care regardless of life circumstances or recovery environment • Improve compliance with medication • Increase social networks and improve family relationships • Prevent relapse and recidivism • Linkage to appropriate level of service
17	<p>Entrance Criteria</p> <p>Children must be involved in the Juvenile Justice System in either Lenoir or Wayne Counties and referred by the District 8 office of DJJDP. Children with a documented mental illness or substance abuse disorder with impaired functioning are more likely to exhibit erratic or non-engagement behaviors in treatment due to their illness or life circumstances.</p>
18	<p>Entrance Process</p> <p>Any consumer in the identified pop groups who is evaluated to need support through the provision of these services in order to achieve successful treatment results. Prior approval will be required. Eastpointe will develop a benefit plan outlining the amount and intensity of the service which may be provided based on individual consumer need and available funding.</p>
19	<p>Continued Stay Criteria</p> <p>N/A; This is a short-term engagement service and not designed as a long term method of service delivery. The authorized number of hours can be reduced as the client becomes engaged in services. The intent is to increase the consumer's ability to engage in treatment independently up to the actual provision of treatment services. Assertive Engagement will begin upon referral from DJJDP staff for the arrangement of the GAIN assessment appointment and can last no longer than 30 days following the date of the GAIN assessment.</p>
20	<p>Discharge Criteria</p> <ul style="list-style-type: none"> • Consumer is fully engaged in services • Consumer has refused recommended services • The authorized units of service have been exhausted
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • <i>Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service</i> • <i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i>

	<p>Since this is a very short term service, standard outcome measurement instruments such as NC TOPPS, MH/SA Consumer Satisfaction or NCI surveys would not be applicable to measure outcomes for this service specifically.</p> <p>JJSAMHP Monthly Reports will be analyzed to determine number of youth referred, assessed and admitted into and discharged from treatment for the purpose of completing the.</p> <p>Consumer outcomes expected:</p> <ul style="list-style-type: none"> • Penetration rates for Children with SA diagnosis will increase • DJJ referrals will be screened. • DJJ referrals will complete the GAIN I • DJJ referrals will successfully complete treatment.
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> • <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> • <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i> Minimum standard is a daily service note that includes the consumer's name, date of service, purpose, intervention and effectiveness of contact (PIE format), duration of contact and the signature and credentials of the person providing the service.
23	<p>Service Exclusions</p> <p>No other service can be billed on the same day as Assertive Engagement with the exception of a Clinical Assessment/GAIN I.</p>
24	<p>Service Limitations</p> <p>Service limited to 8 hours per month per consumer. Maximum per day is 2 hours.</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <p>Assertive engagement is required to engage and maintain engagement with clients. This approach requires considerable staff time and effort, however the current system does not allow for the billing of these this type of service. Assertive engagement must be a central component in a comprehensive continuum of community based services. Research has shown a</p> <ul style="list-style-type: none"> • 35% decrease in hospitalization • 62% reduction in number of days in hospital • Significant improvement in coping skills and quality of life • Fewer interactions with police <p>www.scmh.org.uk</p>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>System Level (across consumer served through this proposed alternative service definition):</p> <ul style="list-style-type: none"> • Youth with SA or MH issues will be identified and engaged into treatment • Recidivism rates for crisis evaluation and observation services will be reduced or eliminated • Adjudication and recidivism rate will be reduced
27	<p>LME Additional Explanatory Detail (as needed)</p> <p>N/A</p>

